

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Foster group care	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem rate for rehabilitative treatment and supportive services
Camps	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Adult day care	\$12.24 per hour	\$12.24 per hour not to exceed rate for regular adult day care services
Child care facilities	\$12.24 per hour	\$12.24 per hour not to exceed contractual daily per diem
6. Home-delivered meal providers	Fee schedule	\$7.19 per meal. Maximum of 14 meals per week
7. Adult day care	Fee schedule	Veterans administration contract rate or \$20.54 per half day, \$41.09 per full day, or \$61.63 per extended day if no veterans administration contract.
8. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18.49 per hour not to exceed the daily rate of \$106.82 per day
Individual provider	Fee agreed upon by consumer and provider	\$12.33 per hour not to exceed the daily rate of \$71.90 per day
HCBS brain injury waiver service providers, including:		
1. Supported community living	Retrospectively limited prospective rates. See 79.1(15)	\$32.64 per hour, \$73.61 per day
2. Respite care providers, including:		
Home health agency:		
Specialized respite	Rate for nursing services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day
Basic individual respite	Rate for home health aide services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Home care agency:		
Specialized respite	Retrospectively limited prospective rates. See 79.1(15)	\$31.50 per hour not to exceed \$294 per day
Basic individual respite	Retrospectively limited prospective rates. See 79.1(15)	\$16.80 per hour not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Nonfacility care:		
Specialized respite	Retrospectively limited prospective rates. See 79.1(15)	\$31.50 per hour not to exceed \$294 per day
Basic individual respite	Retrospectively limited prospective rates. See 79.1(15)	\$16.80 per hour not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Facility care:		
Hospital or nursing facility providing skilled care	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care
Nursing facility	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for nursing facility level of care
Intermediate care facility for the mentally retarded	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for ICF/MR level of care
Residential care facilities for persons with mental retardation	\$12.24 per hour	\$12.24 per hour not to exceed contractual daily per diem
Foster group care	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem rate for rehabilitative treatment and supportive services
Camps	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Adult day care	\$12.24 per hour	\$12.24 per hour not to exceed rate for regular adult day care services
Child care facilities	\$12.24 per hour	\$12.24 per hour not to exceed contractual daily per diem
3. Personal emergency response system	Fee schedule	Initial one-time fee of \$46.22. Ongoing monthly fee of \$35.95.
4. Case management	Fee schedule	\$575.49 per month
5. Supported employment: Activities to obtain a job	Fee schedule	\$500 per unit not to exceed \$1,500 per calendar year
Supports to maintain employment	Retrospectively limited prospective rates. See 79.1(15)	Maximum of \$32.64 per hour for all activities other than personal care and services in an enclave setting. Maximum of \$18.49 per hour for personal care. Maximum of \$5.78 per hour for services in an enclave setting. Total not to exceed \$2,772 per month. Maximum of 40 units per week.
6. Transportation	Fee schedule	State per mile rate for individual providers; rate set by area agency on aging for all others.
7. Adult day care	Fee schedule	\$20.54 per half day, \$41.09 per full day, or \$61.63 per extended day
8. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18.49 per hour not to exceed the daily rate of \$106.82 per day
Individual provider	Fee agreed upon by consumer and provider	\$12.33 per hour not to exceed the daily rate of \$71.90 per day
9. Home and vehicle modification	Fee schedule	\$6,000 per year
10. Specialized medical equipment	Fee schedule	\$6,000 per year
11. Behavioral programming	Fee schedule	\$10.07 per 15 minutes
12. Family counseling and training	Fee schedule	\$40.26 per hour
13. Prevocational services	Fee schedule	\$34.94 per day

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
14. Interim medical monitoring and treatment:		
Home health agency (provided by home health aide)	Rate for home health aide services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate
Home health agency (provided by nurse)	Rate for nursing services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate
Child care home or center	Contractual rate. See 441—subrule 170.4(7)	\$12.24 per hour
Supported community living provider	Retrospectively limited prospective rate. See 79.1(15)	\$32.64 per hour, not to exceed the maximum ICF/MR rate per day
HCBS elderly waiver service providers, including:		
1. Adult day care	Fee schedule	Veterans administration contract rate or \$20.54 per half day, \$41.09 per full day, or \$61.63 per extended day if no veterans administration contract.
2. Emergency response system	Fee schedule	Initial one-time fee \$46.22. Ongoing monthly fee \$35.95.
3. Home health aides	Retrospective cost-related	Maximum Medicare rate
4. Homemakers	Fee schedule	Maximum of \$18.49 per hour
5. Nursing care	Fee schedule as determined by Medicare	\$74.77 per visit
6. Respite care providers, including:		
Home health agency:		
Specialized respite	Rate for nursing services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Basic individual respite	Rate for home health aide services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Home care agency:		
Specialized respite	Retrospectively limited prospective rates. See 79.1(15)	\$31.50 per hour not to exceed \$294 per day
Basic individual respite	Retrospectively limited prospective rates. See 79.1(15)	\$16.80 per hour not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Nonfacility care:		
Specialized respite	Retrospectively limited prospective rates. See 79.1(15)	\$31.50 per hour not to exceed \$294 per day
Basic individual respite	Retrospectively limited prospective rates. See 79.1(15)	\$16.80 per hour not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Facility care:		
Hospital or nursing facility providing skilled care	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care
Nursing facility	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for nursing facility level of care
Camps	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Adult day care	\$12.24 per hour	\$12.24 per hour not to exceed rate for regular adult day care services
7. Chore providers	Fee schedule	\$7.19 per half hour
8. Home-delivered meal providers	Fee schedule	\$7.19 per meal. Maximum of 14 meals per week.

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
9. Home and vehicle modification providers	Fee schedule	\$1000 lifetime maximum
10. Mental health outreach providers	Fee schedule	On-site Medicaid reimbursement rate for center or provider. Maximum of 1440 units per year
11. Transportation	Fee schedule	State per mile rate for individual providers; rate set by area agency on aging for all others.
12. Nutritional counseling	Fee schedule	\$7.70 per quarter hour
13. Assistive devices	Fee schedule	\$102.71 per unit
14. Senior companion	Fee schedule	\$6.16 per hour
15. Consumer-directed attendant care:		
Agency provider other than an assisted living program	Fee agreed upon by consumer and provider	\$18.49 per hour not to exceed the daily rate of \$106.82 per day
Assisted living provider	Fee agreed upon by consumer and provider	\$1,052 per calendar month. Rate must be prorated per day for a partial month, at a rate not to exceed \$34.60 per day
Individual provider	Fee agreed upon by consumer and provider	\$12.33 per hour not to exceed the daily rate of \$71.90 per day
HCBS ill and handicapped waiver service providers, including:		
1. Homemakers	Fee schedule	Maximum of \$18.49 per hour
2. Home health aides	Retrospective cost-related	Maximum Medicare rate
3. Adult day care	Fee schedule	Veterans administration contract rate or \$20.54 per half day, \$41.09 per full day, or \$61.63 per extended day if no veterans administration contract.
4. Respite care providers, including:		
Home health agency:		
Specialized respite	Rate for nursing services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Basic individual respite	Rate for home health aide services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Home care agency:		
Specialized respite	Retrospectively limited prospective rates. See 79.1(15)	\$31.50 per hour not to exceed \$294 per day
Basic individual respite	Retrospectively limited prospective rates. See 79.1(15)	\$16.80 per hour not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Nonfacility care:		
Specialized respite	Retrospectively limited prospective rates. See 79.1(15)	\$31.50 per hour not to exceed \$294 per day
Basic individual respite	Retrospectively limited prospective rates. See 79.1(15)	\$16.80 per hour not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Facility care:		
Hospital or nursing facility providing skilled care	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care
Nursing facility	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for nursing facility level of care
Intermediate care facility for the mentally retarded	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for ICF/MR level of care
Residential care facilities for persons with mental retardation	\$12.24 per hour	\$12.24 per hour not to exceed contractual daily per diem
Foster group care	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem rate for rehabilitative treatment and supportive services

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Camps	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Adult day care	\$12.24 per hour	\$12.24 per hour not to exceed rate for regular adult day care services
Child care facilities	\$12.24 per hour	\$12.24 per hour not to exceed contractual daily per diem
5. Nursing care	Agency's financial and statistical cost report and Medicare percentage rate per visit	Cannot exceed \$74.77 per visit
6. Counseling		
Individual:	Fee schedule	\$10.07 per unit
Group:	Fee schedule	\$40.26 per hour
7. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18.49 per hour not to exceed the daily rate of \$106.82 per day
Individual provider	Fee agreed upon by consumer and provider	\$12.33 per hour not to exceed the daily rate of \$71.90 per day
8. Interim medical monitoring and treatment:		
Home health agency (provided by home health aide)	Rate for home health aide services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate
Home health agency (provided by nurse)	Rate for nursing services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate
Child care home or center	Contractual rate. See 441—subrule 170.4(7)	\$12.24 per hour
Supported community living provider	Retrospectively limited prospective rate. See 79.1(15)	\$32.64 per hour, not to exceed the maximum ICF/MR rate per day
9. Home and vehicle modification	Fee schedule	\$6,000 per year
10. Personal emergency response system	Fee schedule	Initial one-time fee of \$46.22. Ongoing monthly fee of \$35.95.

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
11. Home-delivered meal providers	Fee schedule	\$7.19 per meal. Maximum of 14 meals per week.
12. Nutritional counseling	Fee schedule	\$7.70 per quarter hour
HCBS MR waiver service providers, including:		
1. Supported community living	Retrospectively limited prospective rates. See 79.1(15)	\$32.64 per hour, not to exceed a total per month of \$73.61 times the number of days in the month. \$73.61 per day. Variations to the upper limit may be granted when cost-effective and in accordance with the service plan as long as the statewide average remains at or below \$73.61 per day.
2. Respite care providers, including:		
Home health agency:		
Specialized respite	Rate for nursing services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day
Basic individual respite	Rate for home health aide services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Home care agency:		
Specialized respite	Retrospectively limited prospective rates. See 79.1(15)	\$31.50 per hour not to exceed \$294 per day
Basic individual respite	Retrospectively limited prospective rates. See 79.1(15)	\$16.80 per hour not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Nonfacility care:		
Specialized respite	Retrospectively limited prospective rates. See 79.1(15)	\$31.50 per hour not to exceed \$294 per day
Basic individual respite	Retrospectively limited prospective rates. See 79.1(15)	\$16.80 per hour not to exceed \$294 per day
Group respite	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Facility care:		
Hospital or nursing facility providing skilled care	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care
Nursing facility	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for nursing facility level of care
Intermediate care facility for the mentally retarded	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem for ICF/MR level of care
Residential care facilities for persons with mental retardation	\$12.24 per hour	\$12.24 per hour not to exceed contractual daily per diem
Foster group care	\$12.24 per hour	\$12.24 per hour not to exceed daily per diem rate for rehabilitative treatment and supportive services
Camps	Retrospectively limited prospective rates. See 79.1(15)	\$12.24 per hour not to exceed \$294 per day
Adult day care	\$12.24 per hour	\$12.24 per hour not to exceed rate for regular adult day care services
Child care facilities	\$12.24 per hour	\$12.24 per hour not to exceed contractual daily per diem

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
3. Supported employment:		
Activities to obtain a job	Fee schedule	\$500 per unit not to exceed \$1,500 per calendar year
Supports to maintain employment	Retrospectively limited prospective rates. See 79.1(15)	Maximum of \$32.64 per hour for all activities other than personal care and services in an enclave setting. Maximum of \$18.49 per hour for personal care. Maximum of \$5.78 per hour for services in an enclave setting. Total not to exceed \$2,772 per month. Maximum of 40 units per week.
4. Nursing	Fee schedule as determined by Medicare	Maximum Medicare rate converted to an hourly rate
5. Home health aides	Retrospective cost-related	Maximum Medicare rate converted to an hourly rate
6. Personal emergency response system	Fee schedule	Initial one-time fee of \$38.42 Ongoing monthly fee of \$26.19
7. Home and vehicle modifications	Contractual rate. See 79.1(15)	Maximum amount of \$5,000 per consumer lifetime
8. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18.49 per hour not to exceed the daily rate of \$106.82 per day
Individual provider	Fee agreed upon by consumer and provider	\$12.33 per hour not to exceed the daily rate of \$71.90 per day
9. Interim medical monitoring and treatment:		
Home health agency (provided by home health aide)	Rate for home health aide services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed the maximum daily per diem for ICF/MR level of care
Home health agency (provided by nurse)	Rate for nursing services provided by a home health agency (encounter services-intermittent services)	Maximum Medicare rate converted to an hourly rate not to exceed the maximum daily per diem for ICF/MR level of care

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Child care home or center	Contractual rate. See 441—subrule 170.4(7)	\$12.24 per hour not to exceed the maximum daily per diem for ICF/MR level of care
Supported community living provider	Retrospectively limited prospective rate. See 79.1(15)	\$32.64 per hour, not to exceed the maximum ICF/MR rate per day
10. Residential-based supported community living	Retrospectively limited prospective rates. See 79.1(15).	The maximum daily per diem for ICF/MR
11. Transportation	Fee schedule	County contract rate or, in the absence of a contract rate, the state per mile rate (for individual providers), or rate set by area agency on aging
12. Adult day care	Fee schedule	County contract rate or, in the absence of a contract rate, \$27.50 per half day, \$55 per full day, or \$70 per extended day
13. Prevocational services	Fee schedule	County contract rate or, in the absence of a contract rate, \$45 per day
14. Day habilitation	Fee schedule	County contract rate or, in the absence of a contract rate, \$12.33 per hour, \$30 per half-day, or \$60 per day
HCBS physical disability waiver service providers, including:		
1. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18.49 per hour not to exceed the daily rate of \$106.82 per day
Individual provider	Fee agreed upon by consumer and provider	\$12.33 per hour not to exceed the daily rate of \$71.90 per day
2. Home and vehicle modification	Fee schedule	\$6,000 per year
3. Personal emergency response system	Fee schedule	Initial one-time fee of \$46.22. Ongoing monthly fee of \$35.95.
4. Specialized medical equipment	Fee schedule	\$6,000 per year

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
5. Transportation	Fee schedule	State per mile rate for individual providers; rate set by area agency on aging for all others. Reimbursement shall be at the lowest cost service rate consistent with the consumer's needs.
Hearing aid dispensers	Fee schedule plus product acquisition cost	Fee schedule in effect 6/30/01 less 3%.
Home health agencies (Encounter services- intermittent services)	Retrospective cost-related	Rate in effect 6/30/01 less 3%.
(Private duty nursing or personal care and VFC vaccine administration for persons aged 20 and under)	Interim fee schedule with retrospective cost settling based on Medicaid methodology	Rate in effect 6/30/01 less 3%.
Hospices	Fee schedule as determined by Medicare	Medicare cap (See 79.1(14) "d")